

CITY OF MESA EMPLOYEE BENEFITS
SUREPAY PLAN INFORMATION AND AUTHORIZATION AGREEMENT

As a convenience to our retirees, the City of Mesa is offering a SurePay plan, which will automatically deduct your health insurance premiums from your checking account on a monthly basis. In order to ensure your premiums are paid in a timely and efficient manner, and to make sure you are not charged any additional fees, please refer to the following SurePay Plan Guidelines:

- The SurePay method of paying your monthly premiums may be elected at any time; however, authorization forms received after the first of each month will not take effect until the following month.
- SurePay payments will be deducted from your checking account on or about the 10th of each month. Please be sure there are sufficient funds in your account to cover your premium cost.
- In the event there are not sufficient funds in your account, the City of Mesa Employee Benefits Office will be notified by our bank. You will then be assessed a \$25 charge by the City of Mesa, in addition to any fees assessed by your own bank. You will then be notified by the City of Mesa of the total amount due and instructed as to how to make this payment. In the event you fail to make your payment, your health insurance coverage may be terminated. Frequent situations involving insufficient funds will result in termination of your SurePay arrangement.
- You may end your participation in the SurePay Plan or change your account information at any time upon written notification to the Employee Benefits Office. All correspondence should be directed to Leslie Rogers, Employee Benefits Account Representative, P.O. Box 1466, Mesa, AZ 85211-1466. Terminations/changes may take up to two work weeks to take effect, therefore, any changes received after the first of the month may not be processed in time to avoid a transaction on the 10th.

To enroll in the City of Mesa Employee Benefits Division SurePay Plan, please complete the following Authorization Agreement and return it, along with a voided check from your checking account to Leslie Rogers at the address shown above. Once your Authorization Agreement and voided check have been received, we will advise you when the first automatic transaction will take place.

SUREPAY AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (ACH DEBITS)

PLEASE STAPLE
VOIDED CHECK
HERE

COMPANY NAME: City of Mesa Employee Benefits

I/We hereby authorize the City of Mesa Employee Benefits, hereinafter called COMPANY, to initiate debit entries to my/our checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

NAME OF BANK: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER*: _____ BANK ACCOUNT #: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me/us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I/We have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I/We send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

NAMES: _____ EMPLOYEE #: _____
(PLEASE PRINT)

DATE: _____ SIGNED: x _____ SIGNED x _____

*The Routing Number is the first 9 digits found on the lower lefthand corner of your check.